

APPLICANTS

POSITION	ID NO.	DATE
CLASSIFIER	48	9/17/86
EXAMINER	357	09/23/96
TYPIST	244C	
VERIFIER	851	10-1-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

Best Available Copy

INDEX OF CLAIMS

Claim	Date
Final	Original
1	1/14/86
2	1/14/86
4	1/14/86
5	1/14/86
6	1/14/86
7	1/14/86
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Claim	Date
Final	Original
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SYMBOLS
 ✓ Rejected
 - (Through numeral) Allowed
 + Canceled
 N Restricted
 I Non-elected
 A Interference
 O Appeal
 O Objected